



COCONINO COUNTY
HEALTH
DEPARTMENT
Making A Difference Every Day

[illegible]

Menu Review: Please list **ALL** menu items, *including ingredients used, drinks and condiments*.

If additional space is needed please use the back of this sheet or an additional sheet of paper.

Food Item	Off-site prep Yes or No	On-site prep Yes or No	Preparation procedures
			(i.e. wash, cut, refrig, grill, serve...be specific & incl. prep of non-phf's)

**PLAN REVIEW: ITEMS MARKED IN BOLD MUST BE ANSWERED BY ALL APPLICANTS.
THESE ITEMS ARE REQUIRED OF ALL VENDORS. LEAVING THESE ITEMS BLANK
WILL RESULT IN DENIAL OF YOUR APPLICATION**

1. Construction of booth: Mobile Unit [] Tent [] (tents only allowed for certain foods, refer to Temp F.S. Requirements)

2.. Hand washing facilities: Plumbed sink [] OR Gravity Flow [], Dispensed soap/paper towels []

**3. Number of Certified Food Handlers: _____ *REQUIRED FOR ALL VENDORS EXCEPT
SAMPLERS. MUST ATTACH COPIES OF CERTIFICATION**

4. Location of any "Advanced Preparation Site(s): _____

5. Cold-Holding Equipment: (Coolers are not allowed for storage of PHF's or raw meats) _____

6. Hot-Holding/Cooking Equipment: _____

7. Where will produce be washed? _____ Will meats/foods be thawed? Yes [] No []

8. How long will food be in transport to the event? _____

9. How will food be kept hot/cold during transport? _____

10. A calibrated, metal stem probe thermometer(s) is available (range 0 – 220 F). Yes [] No []

11. Type of chemical to be used as a sanitizer: *Chlorine/Bleach* [] *Quaternary Ammonium* [] *Iodine* []

12. Dishwashing Facilities: 3-bin sink [] 3 portable tubs []

13. Where will water for the operation come from? _____

14. Waste water disposal: Sewer [], Septic [], RV dump station []

15. Covered Garbage Cans: Yes [] No []

16. Where will food be stored during the evening hours when the booth is unoccupied? _____

I hereby consent to inspection by the Health Authority and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with the **Temporary Food Service Requirements**. I also understand that the permit fee is non-refundable.

Applicant's Signature: _____ Date: _____

Payment method: Check _____ Cash _____ Credit Card# _____ Exp. _____

Official Use Only

Reviewed by: _____

Date: _____

[] Approved

[] Denied

[] Mail Permit

[] Fax Permit

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